STATE OF NEBRASKA FORM NO. CC 15:2	STATEM	ENT OF CLAIM	CASE NUMBER
IN THE COU	NTY COURT OF	COUNTY	, NEBRASKA
IN THE MATTER OF TH	IE ESTATE OF		
		STATEMENT OF Claim No.	CLAIM
	, Deceased.		
TO THE CLERK OF THE (COURT:		
Claimant of the unders	igned is hereby made against this	estate, itemized as follows:	
Description of Claim		Due Date, If Not Yet Due	Amount
This claim is: ☐ Contingent ☐ Unliquidated and the	•		
Unsecured.			
	PRESENT THIS CLA	M TO THE COURT	
Signature of Claimant	or Authorized Party		
Name of Claimant or A	authorized Party		
Address of Claimant or	Authorized Party		
Telephone Number of	Claimant or Authorized Party		
Fax Number of Claima	nt or Authorized Party		